

Registration District No. **230**

Primary Registration District No. **5708**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Macon**
(b) City or town **Rural - Cassley township**
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community **1** years, months or days

8. (a) PRINT FULL NAME **GEORGE W. KOGER**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anna Koger** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **June 30 - 1864** (Month) (Day) (Year)

8. AGE: Years **76** Months **11** Days **3** If less than one day hr. min.

9. Birthplace **Clinton Co. Ky.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business.

12. Name **A. J. Koger** 13. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

14. Maiden name **Cyprene Sandusky** 15. Birthplace **Ky.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Emyart** (b) Address **Elmer, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June - 4 - 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Bell**

18. (a) Signature of funeral director **Clyde McCallum** (b) Address **Elmer, Mo.**

19. (a) **Aug 1 - 1941** (Date received local registrar) (b) **Mrs. Lloyd Baker** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Macon**

(c) City or town **Rural** (If outside city or town limits, write "RURAL")

(d) Street No. **Northwest of Elmer** (If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2** year **1941** hour **3** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 2** 19 **41** to **June 2** 19 **41**

that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death.

Myocardial degeneration

Due to **arteriosclerosis**

Due to **938**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of poison) While at work? (e) Means of injury.

23. Signature **Reggie Gibbs** (M. D. or other)

Address **La Plata Mo** Date signed **June 12, 1941**

RECEIVED

District Health Officer. No. 10

District File Number 8-41-1494

Date Filed AUG 13 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clyde W. Collum

Licensed Embalmer No. 3226

P. O. Address Elmer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.